



CALIFORNIA AIR RESOURCES BOARD *** 2006 CONSUMER & COMMERCIAL PRODUCTS SURVEY
STATIONARY SOURCE DIVISION, AIR QUALITY MEASURES BRANCH

FORM 1 – Responsible Party Information

<http://www.arb.ca.gov/consprod/regact/2006surv/2006surv.htm>

Check (✓) if
Confidential ☒

1. Company Name: <u>ABC Enterprises, Inc.</u> Division Name(s): <u>Seeger Paints</u> Mailing Address: <u>123 Silverstone Way</u> City: <u>Kalamazoo</u> State: <u>MI</u> Zip: <u>42706</u> Webpage: <u>www.seegerpaints.com</u>		2. Parent Company Name (if applicable): <u>Environmental Solutions Marketing</u> Mailing Address: <u>333 West 35th St.</u> City: <u>Chicago</u> State: <u>IL</u> Zip: <u>60616</u> Webpage: <u>www.es.net</u>									
3. Contact Person/Title: <u>Marcus Aurelius / Gov't Affairs</u> Phone: <u>(270) 555-0757</u> (List person ARB can contact with questions about this survey.) Fax/Email: <u>(270) 555-3300</u>											
4. North American Industry Classification System (NAICS) (see Attachment B)		<div style="border: 1px solid black; padding: 2px; display: inline-block;">325199</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">325520</div>	5. Number of products: (enter total number of products and/or product groups submitted) <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">10</div>								
6. Type of Business check (✓) all that apply <input checked="" type="checkbox"/> Manufacturer/Marketer <input type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input checked="" type="checkbox"/> Contract Packager <input type="checkbox"/> Other (specify): _____	7. Gross Annual Receipts For Calendar Year 2006 check (✓) one <input type="checkbox"/> Less than \$250,000 <input type="checkbox"/> Between \$250,000 and \$1 million <input type="checkbox"/> Between \$1 million and \$10 million <input type="checkbox"/> Between \$10 million and \$50 million <input checked="" type="checkbox"/> Between \$50 million and \$100 million <input type="checkbox"/> Between \$100 million and \$1 billion <input type="checkbox"/> More than \$1 billion	8. Employees For Calendar Year 2006 <table border="1" style="width:100%"><tr><th>Worldwide check (✓) one</th><th>California Only check (✓) one</th></tr><tr><td><input type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input type="checkbox"/> 101 to 250 <input checked="" type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750</td><td><input checked="" type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input type="checkbox"/> 101 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750</td></tr></table>	Worldwide check (✓) one	California Only check (✓) one	<input type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input type="checkbox"/> 101 to 250 <input checked="" type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750	<input checked="" type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input type="checkbox"/> 101 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750	9. Contract Employees For Calendar Year 2006 <table border="1" style="width:100%"><tr><th>Worldwide check (✓) one</th><th>California Only check (✓) one</th></tr><tr><td><input checked="" type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input type="checkbox"/> 101 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750</td><td><input checked="" type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input type="checkbox"/> 101 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750</td></tr></table>	Worldwide check (✓) one	California Only check (✓) one	<input checked="" type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input type="checkbox"/> 101 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750	<input checked="" type="checkbox"/> None <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 100 <input type="checkbox"/> 101 to 250 <input type="checkbox"/> 251 to 500 <input type="checkbox"/> 501 to 750 <input type="checkbox"/> More than 750
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10. Comments: _____ _____											

11. Certification: I certify that the information on this form and attached forms is true, accurate, and complete.	
Name: <u>Marcus Aurelius</u>	Title: <u>Gov't Affairs</u>
Signature: <u>M A</u>	Date: <u>8/30/2007</u>

FORM 2 – Contact(s) for Ingredients<http://www.arb.ca.gov/consprod/regact/2006surv/2006surv.htm>Check (✓) if
Confidential ☒

Will a formulator be reporting product ingredients (FORM 4) for your company? Check (✓) “no” or “yes” and complete the blanks as indicated.

☒ No, my company, ABC Enterprises, Inc., the responsible party, will not be using a formulator to complete ingredient information for any product or product group submitted for this survey.

– OR –

☐ Yes, my company, _____, the responsible party, will be using a formulator to complete ingredient information for one or more products submitted for this survey. *List formulator contact information below; photocopy sheet as needed.*

formulator

Check (✓) for All Products <input type="checkbox"/> or Product Tracking Number(s): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Formulator Company Name: _____	Formulator Contact Name: _____
Address: _____	Title: _____
City: _____ State: _____ Zip: _____	Phone: _____ Fax: _____
	Email: _____

formulator

Product Tracking Number(s): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Formulator Company Name: _____	Formulator Contact Name: _____
Address: _____	Title: _____
City: _____ State: _____ Zip: _____	Phone: _____ Fax: _____
	Email: _____

formulator

Product Tracking Number(s): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Formulator Company Name: _____	Formulator Contact Name: _____
Address: _____	Title: _____
City: _____ State: _____ Zip: _____	Phone: _____ Fax: _____
	Email: _____

Product Tracking #: 1

FORM 3 – Product Information

<http://www.arb.ca.gov/consprod/regact/2006surv/2006surv.htm>Check (✓) if
Confidential ☒

1. Full Product Name: <u>Seeger Decorative Touch Pastel</u>		2. Company Name: <u>ABC Enterprises, Inc.</u>																									
3. ARB Category Code(s) Primary Category Code: <u>80102</u>		If applicable, Additional Category Code(s): 																									
4. Product Groups Does this product represent a product group? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, see "Supplement to FORM 3" for instructions.</i>	5. Delivery or Packaging System check (✓) one <input type="checkbox"/> impregnated wipes/towels/cloths/sheets/pads <input checked="" type="checkbox"/> pressurized aerosol container <input type="checkbox"/> pump spray (i.e. spray/foam/liquid/trigger/tank) <input type="checkbox"/> barrier pack or compartmentalized dispenser <input type="checkbox"/> jar/can/tub/box/bag/drum/pourable bottle <input type="checkbox"/> squeeze tube/squeeze bottle/cartridge <input type="checkbox"/> other (specify): _____	6. Dispensed Form check (✓) one <input type="checkbox"/> post-foaming gel <input type="checkbox"/> foam/mousse <input type="checkbox"/> liquid <input type="checkbox"/> semisolid <input type="checkbox"/> solid <input checked="" type="checkbox"/> mist/dispersed spray <input type="checkbox"/> other (specify): _____																									
LABELS: Submit one entire representative label for this product or product group.																											
7. Relation to Product check (✓) all that apply <input checked="" type="checkbox"/> Manufacturer/ Marketer <input type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Contract Packager <input type="checkbox"/> Other (specify): _____	8. Customer Type – check (✓) all that apply (Provide actual or intended percentages) <input checked="" type="checkbox"/> Household <u>60</u> % <input checked="" type="checkbox"/> Commercial/ Institutional <u>20</u> % <input checked="" type="checkbox"/> Industrial <u>20</u> % total must = 100%	9. Dilution Ratios Per the product label, is this product sold as a concentrate and/or to be diluted? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>If yes, complete the table below.</i> → Specify diluent here: _____ <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Product</th> <th colspan="2">Diluent</th> </tr> <tr> <th>amount</th> <th>units</th> <th>amount</th> <th>units</th> </tr> </thead> <tbody> <tr> <td>most concentrated</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>least concentrated</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Product		Diluent		amount	units	amount	units	most concentrated					least concentrated									
	Product		Diluent																								
	amount	units	amount	units																							
most concentrated																											
least concentrated																											
11. General Information Is this a FIFRA registered product? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Does this product contain a resin, polymer, or other film-forming compound (visible or not)? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Is this an FDA regulated OTC drug? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Is this product sold in a multi-pack? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		12. 2006 California Sales Data: complete for each size sold <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th></th> <th>Product Size (from label)</th> <th>Volume/Mass filled (specify measurement units) <i>For impregnated products, report only mass or vol. of substance applied to substrate.</i></th> <th>Number of Individual Product Units Sold (in CA in 2006)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td><u>12 oz</u></td> <td><u>12.2 wt. oz.</u></td> <td><u>18314</u></td> </tr> <tr> <td>2</td> <td><u>16 oz</u></td> <td><u>16.2 wt. oz.</u></td> <td><u>12203</u></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Product Size (from label)	Volume/Mass filled (specify measurement units) <i>For impregnated products, report only mass or vol. of substance applied to substrate.</i>	Number of Individual Product Units Sold (in CA in 2006)	1	<u>12 oz</u>	<u>12.2 wt. oz.</u>	<u>18314</u>	2	<u>16 oz</u>	<u>16.2 wt. oz.</u>	<u>12203</u>	3				4				5			
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3																											
4																											
5																											
13. Comments: _____																											

LABELS: Submit one entire representative label for this product or product group; OR check (✓) if unchanged label submitted in 2001 or 2003 Survey ☐

Product Tracking #:

Supplement to FORM 3 – Product Group Details

Instructions: This form is *only* for those companies who have “grouped products” for the purposes of this survey. Grouping is not mandatory but will save time for products that qualify per the definition below.

Product group means a group of products that differ *only* by size*, color, botanical/herbal extract, fragrance, and/or brand name. All products within a product group must have the same category code and have no greater than two percent (2%) variation in total VOC content, where the difference is only due to the type or amount of fragrance, colorant, or botanical/herbal extract.

*Note: Do not complete this form if size is the only attribute to be listed. FORM 3, Box 12 should already have the different sizes listed.

1. Full Product Name: Seeger Decorative Touch Pastel Company Name: ABC Enterprises, Inc.

2. Complete the following applicable columns for each product in the group. Submit one completed copy of this page for each FORM 3 that represents a product group. Photocopy this page for additional lines as needed.

Individual Product Name	Color (if applicable)	Fragrance/ Botanical or herbal extract (if applicable)	Size and units (if applicable)
Seeger Decorative Touch Pastel	terra cotta		12 oz
"	champagne		"
"	mauve		"
"	midnight		"
"	pumpkin		"
"	terra cotta		16 oz
"	champagne		"
"	mauve		"
"	midnight		"
"	pumpkin		"

Product Tracking #:

1

FORM 4 – Ingredients

<http://www.arb.ca.gov/consprod/regact/2006surv/2006surv.htm>Check (✓) if
Confidential ☒

A. PRODUCT NAME & RESPONSIBLE PARTY CONTACT – To be completed by the responsible party.

Full Product Name: Seeger Decorative Touch Pastel Company Name: ABC Enterprises, Inc.Contact Person/Title: Marcus Aurelius, Gov't Affairs Phone: (210) 555-0757 Fax/Email: (210) 555-3300

B. FORMULATOR/INGREDIENT CONTACT – To be completed by the individual filling out Part C, below.

Company Name: ABC Enterprises, Inc. Phone: " Fax/Email: "Contact Person/Title: Olga Perez, Chemist Signature/Date: [Signature] 8/31/07

C. INGREDIENTS – All questions (#1, 2, & 3) to be completed by the company that holds the ingredient information (either the responsible party or formulator).

1. Specific Ingredients: Indicate the weight percent (Wt.%) of the following compounds		2. Speciation Table: List all VOCs (Aerosol Coatings list all ROCs), LVP-VOCs listed in Attachment E, partial LVP-VOCs, HFCs, HCFCs, HFEs, CFCs, and Excluded compounds (per VOC definition) that comprise at least 0.1 Wt. %.			Trade Name & Manufacturer* Bin #*	
Compounds	Weight %	Chemical Name	CAS Number	Weight %	*(For hydrocarbon solvents only)	
Water		1 Propane	74-98-6	16		
Camphor		2 Isobutane	75-28-5	4		
AMP		3 n-butane	106-97-8	7		
Metallic Carbonates (sodium/potassium carbonate, etc.)		4 mineral spirits	64742-47-8	1	Mineral Spirits - Chemcentral	15
		5 toluene	108-88-3	4		
Acetone	25.9	6 isobutyl acetate	110-19-0	13		
Completely Methylated Siloxanes		7 MEK	78-93-3	8.1		
Methyl Acetate		8				
Parachlorobenzotrifluoride		9				
Ammonia		10				
Methylene Chloride		11				
Perchloroethylene		List additional ingredients on a separate page; enter the weight percent subtotal from that page on this line =			3. Report Density (units) -OR- Specific Gravity: For products filled by volume <u>only</u> (e.g. fl. oz., gal.) Check (✓) one: <input type="checkbox"/> Density -OR- <input type="checkbox"/> Specific Gravity <u>np</u>	
HFC-152a						
HFC-134a		Group VOCs that are each less than 0.1 Wt. % =				
Polytetrafluoroethylene (PTFE)		Group remaining organic compounds (Do not include VOCs, LVP-VOCs listed in Attachment E, or those listed left) =			11	
Compressed Air		Group remaining inorganic compounds (Do not include those listed left) =			10	
Carbon Dioxide		Group all fragrance (Do not include limonenes or pine oils) =			/	
Nitrogen						
Nitrous Oxide						
Section 1: % Subtotal =	25.9	Section 2: % Subtotal =			74.1	Total (Sections 1+2) = 100 Must = 100%

*Completion of these columns is required only if the ingredient is a hydrocarbon solvent, such as mineral spirits. See instructions for details and Attachment F for a list of trade names and bin numbers.